

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000110

1. Entity Name

LOWELL/RBG XLV, L.P.

Principal Place of Business

80 S.W. 8TH ST., STE. 1870
MIAMI FL 33130

Mailing Address

80 S.W. 8TH ST., STE. 1870
MIAMI FL 33130

FILED

JUL 10 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4199356

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Kahn, S L III

Street Address (P.O. Box Number is Not Acceptable)

80 SW 8th Street

Suite 1870

City

miami

FL

Zip Code

33130

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/01

9. Capital Contributions
as Shown on record.

\$3,510,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

999,800

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000066395
NAME LOWELL AT MONARCH LAKES, INC.
STREET ADDRESS 80 S.W. 8TH STREET, SUITE 1870
CITY-ST-ZIP MIAMI FL 33130

DOCUMENT # F97000005195
NAME RBG XLV, CORP.
STREET ADDRESS 154 W. HUBBARD STREET
CITY-ST-ZIP CHICAGO IL 60610

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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****526.25 ****526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

S. Lawrence Kahn III

3/13/01

(305) 571-8550

Daytime Phone #

0003658 AF

CR2E003 (11/00)